

1273

## ARIZONA STATE BOARD OF HEALTH

preferably be made  
made the original)

BUREAU OF VITAL STATISTICS

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*

Globe County Gila No. St.

Twin  
Triplet  
or other?Number  
in order  
of birthAug 14 1914  
(Month) (Day) (Year)FATHER  
L. M. JohnsonMOTHER  
AliceI HEREBY CERTIFY that the child described herein  
has been namedCarol Athena Johnson  
(Give name in full) (Surname)M. J. Green  
(Parent's Signature)

(Signature of Physician or Midwife)

to be entered by the local registrar before giving out this form.

Additional reports of birth may be obtained from the local registrar.

315-814-515